

Nonresident Insurance Licensee**Stipulation and Agreement as Required by Law**

Form 447-68 (Rev. 02/2001)

Producer Licensing Bureau
P.O. Box 1139
Sacramento, CA 95812-1138
(800)967-9331
(916)322-3555
FAX(916)327-6907
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Know All Men by These Presents:

That pursuant to the requirements of Article 4, Chapter 5, Part 2, Division 1 of the Insurance Code of California, I (or we),

Name of Applicant

in consideration of the issue to me (or us) of a license to act as a life agent, fire & casualty broker-agent or surplus line broker, limited to the placement of insurance with non-admitted carriers on behalf of purchasing groups pursuant to the Federal Liability Risk Retention Act of 1986, in the State of California, do stipulate and agree:

(a) That in any action or special proceeding brought against me (or us) in the State of California for or on account of any act or transaction lawfully permitted to be done or performed by me (or us) solely by reason of the existence of such license, any document or process may be served on the commissioner with the same effect as though served upon me (or us) and such service will give jurisdiction over me (or us) to the same extent as if I (or we) were a resident of the State of California.

(b) That any action or special proceeding brought by me (or us) against the Insurance Commissioner of the State of California will be brought in the City and County of San Francisco or in the County of Los Angeles.

(c) That I (or we) will appear at the office of the Insurance Commissioner in the City of San Francisco or in the City of Los Angeles at any time, pursuant to notice of hearing, order to show cause, or subpoena issued by the commissioner, if such document is deposited in the United States mail, certified and postage prepaid, in a cover addressed to me (or us) at the last address filed by me (or us) with the commissioner, such deposit in mail being 31 or more days before the date specified in such document for such appearance, and that in the event of failure to appear I (or we) hereby consent to any subsequent suspension, revocation, refusal to renew, or denial of such license by the commissioner.

I certify (or declare) under penalty of perjury that I have read the foregoing stipulation and agreement and know the contents thereof and that each statement therein made is full, true and correct.

I understand that pursuant to Sections 1668(h) and 1738 of the Insurance Code any false statement will subject my (or our) license(s) to suspension or revocation.

*Signature

Executed the ____ day of _____, 20____, at _____
City or Town

State

*Signature of individual applicant, or if applicant is an organization, signature of a general partner or corporate officer.